

**R. I. Department of Attorney General**  
**ADULT DIVERSION UNIT**  
**INTERVIEW**

Date \_\_\_\_\_

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**DEFENDANT INFORMATION**

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ ATTORNEY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ U.S. CITIZEN: Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, present  
status?) \_\_\_\_\_ YEARS AS RI RESIDENT \_\_\_\_\_

OTHER STATES? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, list: \_\_\_\_\_

OTHER CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WORK CONTACT OK? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, PHONE # \_\_\_\_\_

AWARE OF CHARGE? Yes \_\_\_\_\_ No \_\_\_\_\_ WORK SCHEDULE \_\_\_\_\_

MARITAL STATUS: MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOW(ER) \_\_\_\_\_ NEVER MARRIED \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_

MILITARY VETERAN: Yes \_\_\_\_\_ No \_\_\_\_\_ BRANCH \_\_\_\_\_

DISCHARGE: Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Other \_\_\_\_\_ (explain) \_\_\_\_\_

ARE YOU CONSIDERING ENTERING ANY BRANCH OF MILITARY? Yes \_\_\_\_\_ No \_\_\_\_\_  
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**CRIMINAL HISTORY**

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY OTHER OFFENSE AS AN

ADULT? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, LIST POLICE DEPT., CHARGE(S), DISPOSITION & CIR-  
CUMSTANCES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

ANY TROUBLE WITH THE POLICE AS A JUVENILE? Yes\_\_\_ No\_\_\_ If YES, explain circumstances.

1. \_\_\_\_\_

2. \_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN DIVERSION OR A SIMILAR PROGRAM BEFORE?

Yes\_\_\_ No\_\_\_ If YES, explain: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes\_\_\_ No\_\_\_ If YES, what state? \_\_\_\_\_

If NO, explain: \_\_\_\_\_

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### EDUCATION

LAST GRADE OF SCHOOL COMPLETED: 6 7 8 9 10 11 12

SCHOOL NAME \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

HAVE YOU RECEIVED YOUR GED? Yes\_\_\_ No\_\_\_ If YES, when? \_\_\_\_\_

ARE YOU INTERESTED IN GETTING YOUR GED? Yes\_\_\_ No\_\_\_

WOULD YOU BE INTERESTED IN A COURSE IN ENGLISH AS A SECOND LANGUAGE?

Yes\_\_\_ No\_\_\_

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### EMPLOYMENT HISTORY

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

\_\_\_\_\_ FULL TIME\_\_\_ PART TIME\_\_\_ SALARY \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ EMPLOYER AWARE OF CHARGE? Y\_\_\_ N\_\_\_

IF UNEMPLOYED, REASON? \_\_\_\_\_

FOR HOW LONG? \_\_\_\_\_ SOURCE OF INCOME? UNEMPLOYMENT BENEFITS\_\_\_

AFDC\_\_\_ SSI/SSDI\_\_\_ GPA\_\_\_ IF OTHER, EXPLAIN \_\_\_\_\_

NUMBER OF JOBS IN LAST THREE YEARS? \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

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### RESTITUTION INFORMATION

TOTAL MONTHLY INCOME \_\_\_\_\_ TOTAL MONTHLY EXPENSES \_\_\_\_\_

NUMBER OF PEOPLE SUPPORTED ON YOUR INCOME \_\_\_\_\_

ARE YOU WILLING TO PAY RESTITUTION IF NECESSARY? Yes \_\_\_\_\_ No \_\_\_\_\_

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### PHYSICAL HISTORY

ANY DOCUMENTED PHYSICAL ILLNESSES? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU ON ANY PRESCRIBED MEDICATION? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

HEALTH INSURANCE? Yes \_\_\_\_\_ No \_\_\_\_\_ TYPE? \_\_\_\_\_

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### ALCOHOL HISTORY

WERE YOU DRINKING AT TIME OF THIS OFFENSE? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, WAS YOUR JUDGEMENT IMPAIRED? Yes \_\_\_\_\_ No \_\_\_\_\_

HOW OFTEN DO YOU DRINK? NEVER \_\_\_\_\_ 1-2X A WEEK \_\_\_\_\_ 3-4X A WEEK \_\_\_\_\_ DAILY \_\_\_\_\_

WHAT DO YOU DRINK? BEER \_\_\_\_\_ WINE \_\_\_\_\_ OTHER \_\_\_\_\_ (explain) \_\_\_\_\_

HOW MUCH AT ONE SITTING? \_\_\_\_\_

HAS ALCOHOL EVER CAUSED YOU A PROBLEM? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING? BLACKOUT/PASS OUT \_\_\_\_\_

DWI/DUI \_\_\_\_\_ PHYSICAL INJURY \_\_\_\_\_ VIOLENT BEHAVIOUR \_\_\_\_\_

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### DRUG HISTORY

WERE YOU UNDER THE INFLUENCE AT TIME OF ARREST? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

WHEN IS LAST TIME YOU USED AN ILLEGAL DRUG? \_\_\_\_\_

WHAT DRUG WAS IT? \_\_\_\_\_

FREQUENCY OF USE? OCCASIONAL\_\_\_ 1-2X A WEEK\_\_\_ 3-4X A WEEK\_\_\_ DAILY\_\_\_

WOULD YOU PASS A DRUG TEST TODAY? Yes\_\_\_ No\_\_\_

WHAT TYPES OF DRUGS HAVE YOU EXPERIMENTED WITH?

I. OPIATES

\_\_\_ CODEINE

\_\_\_ PERCODAN

\_\_\_ METHADONE

\_\_\_ VICODIN

\_\_\_ HEROIN

\_\_\_ OPIUM

II. SEDATIVES/HYPNOTICS

\_\_\_ QUAALUDE

\_\_\_ ATIVAN

\_\_\_ VALIUM

\_\_\_ XANAX

III. INHALANTS

\_\_\_ ETHER

\_\_\_ GLUE

\_\_\_ GASOLINE

\_\_\_ OTHER

IV. STIMULANTS

\_\_\_ COCAINE

\_\_\_ CRACK

\_\_\_ AMPHETAMINE

\_\_\_ RITALIN

V. HALLUCINOGENS

\_\_\_ MARIJUANA

\_\_\_ HASHISH

\_\_\_ PSILOCYBIN

\_\_\_ Mescaline

\_\_\_ LSD/PCP

VI. OTHER

\_\_\_ STEROIDS

\_\_\_ ECSTASY

METHODS USED: INGEST\_\_\_ SMOKE\_\_\_ INHALE\_\_\_ NEEDLE\_\_\_ FREEBASE\_\_\_

COUNSELING HISTORY

HAVE YOU EVER BEEN TREATED OR COUNSELED FOR USE, ABUSE, OR OVERDOSE OF ALCOHOL OR DRUGS? Yes\_\_\_ No\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU PRESENTLY RECEIVING COUNSELING OTHER THAN FOR SUBSTANCE ABUSE? Yes\_\_\_ No\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

DO YOU FEEL YOU COULD BENEFIT FROM COUNSELING? Yes\_\_\_ No\_\_\_

COMMUNITY SERVICE INFORMATION

FREE TIME\_\_\_ SPECIAL SKILLS\_\_\_

FOREIGN LANGUAGE? Yes\_\_\_ No\_\_\_ EXPLAIN: \_\_\_\_\_

USE OF CAR? Yes\_\_\_ No\_\_\_ OTHER TRANSPORTATION? \_\_\_\_\_

## QUESTIONNAIRE

DO YOU UNDERSTAND WHAT YOU ARE BEING CHARGED WITH? (Please write out the charge or charges)

## DO YOU TAKE RESPONSIBILITY FOR WHAT YOU HAVE BEEN ACCUSED OF?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER HEARD OF THE *ADULT DIVERSION PROGRAM*? YES\_\_\_ NO\_\_\_

DO YOU UNDERSTAND THAT THE ATTORNEY GENERAL HAS THE FINAL SAY IN DECIDING WHETHER OR NOT YOU CAN PARTICIPATE IN THE *ADULT DIVERSION PROGRAM*?

YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU UNDERSTAND THAT DIVERSION IS AN ALTERNATIVE TO PROSECUTION FOR FIRST-TIME OFFENDERS OF NON-VIOLENT CRIMES? YES\_\_\_ NO\_\_\_

DO YOU UNDERSTAND THAT IF YOU DO NOT FOLLOW YOUR PARTICIPATION AGREEMENT,  
YOUR CASE WILL BE TERMINATED FROM THE *ADULT DIVERSION PROGRAM* AND RETURNED  
TO COURT FOR PROSECUTION? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU UNDERSTAND THAT, UPON SUCCESSFUL COMPLETION OF THE *ADULT DIVERSION PROGRAM*, THE CHARGE(S) WILL BE DISMISSED?

YES \_\_\_\_\_ NO \_\_\_\_\_

IS THERE ANYTHING ABOUT THE DIVERSION PROGRAM THAT YOU DO NOT UNDERSTAND?

YES      NO     

DO YOU WISH TO BE CONSIDERED FOR THE *ADULT DIVERSION PROGRAM*?

YES        NO       

DO YOU UNDERSTAND THAT YOU MAY BE REPRESENTED BY AN ATTORNEY AT ANY POINT DURING YOUR EVALUATION ON INVOLVEMENT IN THE *ADULT DIVERSION PROGRAM*?

YES \_\_\_\_\_ NO \_\_\_\_\_

Candidate	DATE
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DEFENSE ATTORNEY      DATE

## DIVERSION INTERVIEWER

I have completed this interview: (please initial one)

- after consultation with my attorney \_\_\_\_\_
- and have chosen not to consult with an attorney \_\_\_\_\_

All information contained in this interview is accurate. I understand that a false answer to any question would be grounds for a recommendation against Diversion, which would result in this case being returned to court for prosecution. If I choose not to enter the program developed for me, the decision will not affect my subsequent court proceeding.

_____ Diversion Candidate	_____ Date	_____ Defense Attorney	_____ Date
_____ Diversion Staff		_____ Date	

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**SPEEDY TRIAL WAIVER**

The Department of Attorney General agrees to presently forego the filing or prosecution of an information or indictment in the State Superior Court against the participant. In consideration for this forbearance to prosecute, the participant hereby voluntarily waives his/her right to a speedy trial and right to be tried without delay while under evaluation for participation in the Adult Diversion Program.

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_____ Diversion Candidate	_____ Date	_____ Defense Attorney/Witness	_____ Date
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I, \_\_\_\_\_ have been interviewed by a member of the Diversion staff.  
I am interested in being evaluated and I understand the following:

1. I must keep in touch with JOHN McCABE of the Adult Diversion Unit.
2. I must answer all phone calls or letters from JOHN McCABE within three (3) days.
3. I must immediately notify JOHN McCABE, if I change my address, telephone number, employment status or school status.
4. I must notify JOHN McCABE, if I am arrested or any criminal court action is taken against me.

I understand that if I do not follow all of the above, I may be determined ineligible for the Adult Diversion Program or I may be rejected or terminated from the Adult Diversion Program.

I understand that the Department of Attorney General will not take any action to expunge any records pertaining to my arrest on this charge. I understand that expungement of any existing criminal record is solely my responsibility.

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_____ Diversion Candidate	_____ Date	_____ Defense Attorney/Witness	_____ Date
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State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

(401) 274-4400 - TDD (401) 453-0410

*Peter F. Kilmartin, Attorney General*

**Diversion Staff:** John J. McCabe

**Mailing Address:** Department of Attorney General  
Adult Diversion Unit  
150 South Main Street  
Providence, RI 02903

**Schedule /Number:** Mon., Wed., Fri., 8:30 to 4:30 at (401) 274-4400, Extension 2431  
Tue., Thurs., 8:30 to 4:30 at (401) 822-6810

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**Tentative Program Areas:**

- ☐ **RESTITUTION:** \_\_\_\_\_
- ☐ **COMMUNITY SERVICE:** Sixty (60) hours at a non-profit organization. Have community service forms completed and return to this office within one (1) week.
- ☐ **COUNSELING:** Schedule out-patient substance abuse counseling evaluation with local agency. Call me right away with this date and time of appointment. Complete and return signed release form.
- ☐ **FOLLOW UP INSTRUCTIONS:** Contact the Adult Diversion Unit every \_\_\_\_\_ until further notice.
- ☐ **OTHER:** \_\_\_\_\_

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These previous explained instructions must be remembered and followed. Failure to do so may make you ineligible for Diversion or cause you to be rejected or terminated from the program:

1. I must keep in touch with John J. McCabe of the Adult Diversion Unit.
2. I must answer all phone calls or letters from John J. McCabe within three (3) days.
3. I must immediately notify John J. McCabe, if I change my address, telephone number, employment status or school status.
4. I must notify John J. McCabe, if I am arrested or any criminal court action is taken against me.

I understand that the Department of Attorney General will not take any action to expunge any records pertaining to my arrest on this charge. I understand that expungement of any existing criminal record is solely my responsibility.

I acknowledge that I have read, that I understand, and I have received this handout.

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Diversion Candidate

Date

Defense Attorney/Witness

Date